

## MENTAL HEALTH CENTERS

### **A.W.A.R.E.**

118 E 7TH ST  
ANACONDA MT 59711-

**Phone:** 563-8117

**Fax:**

**Administrator:** LAWRENCE NOONAN

License Number: **10852** Exp. Date: **01/22/2007** Total **43**

Facility ID Number: **7**

County: **DEER LODGE**

**NOT PROV CAREF**

Current License Duration: **6 MONTH**

Health Planning Region Number: **4**

Original License Date: **04/09/99**

### **ENDORSEMENTS**

Child and Adolescent Intensive Case: **X**

Child & Adolescent Day Treatment: **X**

Mental Health Group Home: **X**

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program **X**

Adult Foster Care:

Crisis Intervention & Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

### **COMMUNITY CRISIS CENTER**

704 NORTH 30TH  
BILLINGS MT 59101-

**Phone:** 259-8880

**Fax:** 259-4400

**Administrator:** TYLENE MERKEL

License Number: **10767** Exp. Date: **12/14/2006** Total **0**

Facility ID Number: **20**

County: **YELLOWSTONE**

**PROVISIONAL**

Current License Duration: **6 MONTH**

Health Planning Region Number: **3**

Original License Date: **05/22/06**

### **ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child & Adolescent Day Treatment:

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention & Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility: **X**

### **IN-CARE NETWORK INC**

2906 2ND AVE N  
BILLINGS MT 59101-

**Phone:** 294-9616

**Fax:** 294-9619

**Administrator:** WILLIAM SNELL JR

License Number: **10732** Exp. Date: **04/24/2007** Total

Facility ID Number: **17**

County: **YELLOWSTONE**

**NOT PROV**

Current License Duration: **1**

Health Planning Region Number: **3**

Original License Date: **04/24/01**

### **ENDORSEMENTS**

Child and Adolescent Intensive Case: **X**

Child & Adolescent Day Treatment:

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention & Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**MONTANA COMMUNITY SERVICES**2048 OVERLAND SUITE  
BILLINGS MT 59102-**Phone:** 656-5976**Fax:****Administrator:** JUDITH HERZOGLicense Number: **10592**Exp. Date: **12/03/2006** Total**7**Facility ID Number: **19**County: **YELLOWSTONE**  
**NOT PROV**Current License Duration: **1**Health Planning Region Number: **3**Original License Date: **12/03/03****ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home: **X**

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**NEW DAY INC**301 COBURN RD  
BILLINGS MT 59101-**Phone:** 254-2340**Fax:****Administrator:** VERNON MUMMEYLicense Number: **10895**Exp. Date: **08/27/2007** Total

PO BOX 30282

Facility ID Number: **12**County: **YELLOWSTONE**  
**NOT PROV**Current License Duration: **1**Health Planning Region Number: **3**Original License Date: **12/28/99****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**RIMROCK FOUNDATION - MHC**1231 N 29TH ST  
BILLINGS MT 59101-**Phone:** 248-3175**Fax:** 248-3821**Administrator:** MONA SUMNERLicense Number: **10691**Exp. Date: **03/31/2009** Total**4**Facility ID Number: **8**County: **YELLOWSTONE**  
**NOT PROV CARF**Current License Duration: **3**Health Planning Region Number: **3**Original License Date: **04/19/99****ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention & Stabilization: **X**

Adult Day Treatment:

Outpatient Crisis Response Facility:

**SOUTH CENTRAL REGIONAL MENTAL HEALTH CENTER**1245 N 29TH ST  
BILLINGS MT 59103-021**Phone:** 252-5658**Fax:** 252-4641**Administrator:** ROBERT ROSSLicense Number: **10444**Exp. Date: **08/30/2006** Total**16**

PO BOX 219

Facility ID Number: **1**County: **YELLOWSTONE**  
**NOT PROV**Current License Duration: **1**Health Planning Region Number: **3**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home: **X**Adult Intensive Case Management: **X**

Comprehensive School and Community Treatment Program

**X** Adult Foster Care:Crisis Intervention & Stabilization: **X**Adult Day Treatment: **X**

Outpatient Crisis Response Facility:

**YELLOWSTONE BOYS & GIRLS RANCH**

1732 S 72ND ST W

BILLINGS MT 59106-

**Phone:** 655-2100 **Fax:****Administrator:** SHAWN BYRNELicense Number: **10577** Exp. Date: **11/05/2006** TotalFacility ID Number: **3**County: **YELLOWSTONE****NOT PROV COA**Current License Duration: **1**Health Planning Region Number: **3**Original License Date: **10/05/98****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program **X**

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**YOUTH DYNAMICS INC**

2334 LEWIS AVENUE

BILLINGS MT 59102-

**Phone:** 245-6539 **Fax:****Administrator:** PETER DEGELLicense Number: **10890** Exp. Date: **08/02/2007** TotalFacility ID Number: **9**County: **YELLOWSTONE****NOT PROV**Current License Duration: **1**Health Planning Region Number: **3**Original License Date: **06/02/99****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**ALTA CARE OF MONTANA**

55 BASIN CRK RD

BUTTE MT 59701-

**Phone:** 494-4183 **Fax:****Administrator:** DAVE BENNETTSLicense Number: **10845** Exp. Date: **06/28/2007** TotalFacility ID Number: **13**County: **SILVER BOW****NOT PROV**Current License Duration: **1**Health Planning Region Number: **4**Original License Date: **12/29/99****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program **X**

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**CENTER FOR MENTAL HEALTH**

915 1ST AVENUE

GREAT FALLS MT 59401-

**Phone:** 761-2100 **Fax:****Administrator:** MIKE MCLAUGHLINLicense Number: **10885** Exp. Date: **03/31/2007** Total **32**Facility ID Number: **2**County: **CASCADE****NOT PROV**Current License Duration: **1**Health Planning Region Number: **2**

Original License Date:

**ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**Mental Health Group Home: **X**Adult Intensive Case Management: **X**Comprehensive School and Community Treatment Program **X**Adult Foster Care: **X**Crisis Intervention & Stabilization: **X**Adult Day Treatment: **X**

Outpatient Crisis Response Facility:

**INTERMOUNTAIN CHILDRENS HOME**

500 S LAMBORN

HELENA MT 59601-

**Phone:** 442-7920**Fax:****Administrator:** JIM

FITZGERALD

License Number: **10607**Exp. Date: **12/01/2008** TotalFacility ID Number: **11**County: **LEWIS & CLARK****NOT PROV JCAHO**Current License Duration: **3**Health Planning Region Number: **4**Original License Date: **09/29/99****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**NORTHWEST BEHAVIORAL HEALTH**

7325 HWY 93 SOUTH

LAKESIDE MT 59922-

**Phone:** 844-2890**Fax:****Administrator:** LESLIE

NYMAN

License Number: **10725**Exp. Date: **04/17/2007** TotalFacility ID Number: **18**County: **FLATHEAD****NOT PROV**Current License Duration: **1**Health Planning Region Number: **5**Original License Date: **09/17/02****ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program **X**

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**EASTERN MONTANA MENTAL HEALTH CENTER**

2508 WILSON STREET

MILES CITY MT 59301-

**Phone:** 234-1687**Fax:**

PO BOX 1530

**Administrator:** FRANK L

LANE

License Number: **10811**Exp. Date: **06/06/2007** TotalFacility ID Number: **4**County: **CUSTER****NOT PROV**Current License Duration: **1**Health Planning Region Number: **1**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home: **X**Adult Intensive Case Management: **X**

Comprehensive School and Community Treatment Program

Adult Foster Care: **X**

Crisis Intervention &amp; Stabilization:

Adult Day Treatment: **X**

Outpatient Crisis Response Facility:

**WESTERN MONTANA REGIONAL COM MENTAL HEALTH**

BUILDING T-9 FORT

MISSOULA MT 59804-

**Phone:** 728-6817**Fax:****Administrator:** PAUL

MEYER

License Number: **10578**Exp. Date: **11/30/2006** TotalFacility ID Number: **5**County: **MISSOULA****NOT PROV**Current License Duration: **1**Health Planning Region Number: **5**

Original License Date:

**ENDORSEMENTS**Child and Adolescent Intensive Case: **X**Child & Adolescent Day Treatment: **X**Mental Health Group Home: **X**Adult Intensive Case Management: **X**Comprehensive School and Community Treatment Program **X**Adult Foster Care: **X**Crisis Intervention & Stabilization: **X**Adult Day Treatment: **X**

Outpatient Crisis Response Facility:

**BITTERROOT VALLEY EDUCATION COOPERATIVE**

300 PARK ST

STEVENSVILLE MT 59870-

**Phone:** 777-2494**Fax:**

PO BOX 187

**Administrator:** CAROL

EWEN

License Number: **10627**Exp. Date: **01/27/2007** TotalFacility ID Number: **6**County: **RAVALLI****NOT PROV**Current License Duration: **1**Health Planning Region Number: **5**Original License Date: **01/08/99****ENDORSEMENTS**Child and Adolescent Intensive Case: **X**

Child &amp; Adolescent Day Treatment:

Mental Health Group Home:

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program **X**

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**MONTANA STATE HOSPITAL TRANSITIONAL CARE**

WARM SPRINGS STATE

WARM SPRINGS MT 59756-

**Phone:** 693-7000**Fax:**

PO BOX 300

**Administrator:** ED

AMBERG

License Number: **10655**Exp. Date: **02/03/2008** Total **15**Facility ID Number: **10**County: **DEER LODGE****NOT PROV**Current License Duration: **2**Health Planning Region Number: **4**Original License Date: **08/03/99****ENDORSEMENTS**

Child and Adolescent Intensive Case:

Child &amp; Adolescent Day Treatment:

Mental Health Group Home: **X**

Adult Intensive Case Management:

Comprehensive School and Community Treatment Program

Adult Foster Care:

Crisis Intervention &amp; Stabilization:

Adult Day Treatment:

Outpatient Crisis Response Facility:

**Total Facilities =****17**